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ATTACHMENT 5

510(k) Summary

April 29,2002

Contact Information: Aesthetic and Reconstructive Technologies, Inc. (AART)
3545 Airway Drive, Suite 108
Reno, NV 89511
(775) 853-6800 / FAX (775) 853-6805
Winston A. Andrews

Proprietary Name: AART Malar Implant
Common Name: Silicone Elastomer Malar Implant
Classification Name: Implant, Malar

Substantial Equivalence: The AART Malar Implant is substantially equivalent in function, design, performance and materials to the Duralastic Anatomical Malar Implants marketed by Allied Biomedical Corporation of Ventura, CA and the Seare Biomedical Malar Implants marketed by Seare Biomedical Corp. of Salt Lake City, Utah.

Device Description: The AART Malar Implants are manufactured from a medical grade silicone elastomer that has been molded into various crescent shaped concave convex implants. They are provided in four styles in pairs of right and left mirror images with dimensions varying in length, width, and height. The AART Malar Implants are intended to be used for augmentation and reconstruction of the cheek areas of the face. The surface characteristic of the implants is smooth. The AART Malar Implants will be offered sterile and non-sterile.

Intended Use: The intended use for the AART Malar Implant is augmentation and reconstruction of the cheek areas of the face.

Predicate Device: The AART Malar Implant is substantially equivalent in material, design, function, and performance to the Duralastic Anatomical Malar Implants marketed by Allied Biomedical Corp. and the Seare Biomedical Malar Implants marketed by Seare Biomedical Corp. All products have identical intended uses and are offered in similar shapes and sizes.

Sterilization Cycle: The AART Malar Implant will be sterilized by Gamma radiation. The sterilization cycle will be determined and validated following the ANSI/AAMI/ISO 11137-1994 standard "Sterilization of health care products – Requirements for validation and routine control – Radiation sterilization".

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUL - 2 2002

Ms. Catherine Riple
Consultant
Aesthetic and Reconstructive Technologies, Inc.
3545 Airway Drive, Suite 108
Reno, NV 89511

Re: K021419
Trade/Device Name: AART Malar Implant
Regulation Number: 878.3550
Regulation Name: Chin prosthesis
Regulatory Class: II
Product Code: LZK
Dated: April 29, 2002
Received: May 3, 2002

Dear Ms. Riple:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

AMENDMENT 1

510(k) NUMBER (IF KNOWN): K021419

DEVICE NAME: AART Malar Implant

INDICATIONS FOR USE:

The intended use of the AART Malar Implant is for augmentation or reconstruction of the cheek areas of the face.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED.)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use X OR Over-The-Counter-Use___
(Per 21 CFR 801.109) (Optional Format 1-2-

(Division Sign-Off)
Division of General, Restorative and Neurological Devices

510(k) Number K021419